



## O I PART B - FEE(S) TRANSMITTAL

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SEP 28 2007

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, Advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1 by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23910  
 Fliesler Meyer LLP  
 650 California Street, 14th Floor  
 San Francisco, CA 94108

10/01/2007 F#ETEK12 00000032 061325 10678248

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/678,248	10/03/2003	Kevin Zatloukal	BEAS-01469US0	2015

TITLE OF INVENTION: SYSTEM AND METHOD FOR PERFORMING CODE COMPLETION IN AN INTEGRATED DEVELOPMENT ENVIRONMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/11/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KENDALL, CHUCK D.	2192	717-140000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

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1 Fliesler Meyer LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BEA Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1325 (enclose an extra copy of this form).

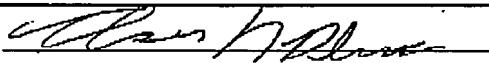
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

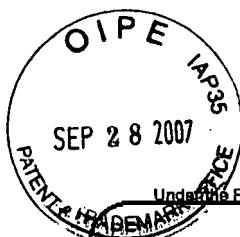
Date September 28, 2007

Typed or printed name Thomas K. Plunkett

Registration No. 57,253

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/678,248
		Filing Date	October 3, 2003
		First Named Inventor	Kevin Zatloukal
		Art Unit	2192
		Examiner Name	Chuck O. Kendall
Total Number of Pages in This Submission	3	Attorney Docket Number	BEAS-01469US0

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fliesler Meyer LLP Customer No. 23910		
Signature			
Printed name	Thomas K. Plunkett		
Date	September 28, 2007	Reg. No.	57,253

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Elaine Fischman

Date September 28, 2007

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Attorney Docket No.: BEAS-01469US1  
tplunkett/beas/1469us1/1469us1.trans.pdf